CLAIMS ONLY			Application Number 09/928929		Filing Date	
			Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
①							51						
2							52						
3							53						
4							54						
5							55						
⑥							56						
7							57						
8							58						
9							59						
⑩							60						
11							61						
12							62						
13							63						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	9						Total Depend						
Total Claims	12						Total Claims						